

Working Group on the Strengthening of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

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Agenda item 6

Identifying, examining and developing specific and effective measures, including possible legally-binding measures, and making recommendations to strengthen and institutionalize the Convention in all its aspects within the mandate of the Working Group

Strengthening the Biological and Toxin Weapons Convention: Creating and using mobile biomedical units to deliver protection against biological weapons, investigate the alleged use of such weapons, and to suppress epidemics of various etiology*

Submitted by the Russian Federation

1. A serious drawback of the Convention is the lack of a mechanism to verify compliance by its States Parties. Besides, there are no institutional mechanisms under the BTWC to ensure the practical implementation of its Articles X, VII and VI. This situation hampers the implementation of the objectives and goals of the Convention, compromising the credibility and robustness of its regime, which was originally devised to serve as a firm block against the threat of "biological agents being used as weapons." It was expected that the Ad Hoc Group of Experts of States Parties established in 1994 would elaborate a legally binding document (Protocol) on strengthening the BTWC (the Ad Hoc Group mandate remains formally valid) in order to address these gaps. The draft Protocol elaborated by the Ad Hoc Group provided for the mandatory declaration of certain types of activities in the field of biology, Convention compliance verification measures (including site visits and investigations of any alleged BTWC violations), as well as measures to improve international cooperation and scientific and technical exchanges. However, it turned out impossible to conclude the negotiations on the adoption and entry into force of this Protocol.

2. At present, the full range of biological threats known to the world community persists; the entire humanity has been faced and is still faced with new challenges that call for an urgent response. This unsatisfactory state of affairs has been illustrated by the Ebola crisis in West Africa in 2014-2015, the emergence of the new COVID-19 infectious disease, and the current aggravation of the epidemiological situation due to the spread of viruses such as monkey pox, the highly pathogenic avian flu, and African swine fever, throughout the 2020's. This highlights the need to consider creating a new prompt response 'operational capability' to control all sorts of communicable diseases. In this regard, States Parties acknowledge with regret that "there is no institutional mechanism under the Convention to undertake relevant activities."

* The present document is being issued without formal editing.



3. With respect to Article VII, it was agreed that "even where national capacity is strong, further international assistance may be required" by the affected State Party. Such assistance should be provided 'rapidly' to treat the sick and prevent the spread of infectious disease outbreaks. It would therefore be helpful to have such rapid response capability available "in advance of Article VII being invoked/before it is required," along with the agreed mechanism for its deployment.

4. The weakness of the BTWC regime is further exacerbated by the lack of a Convention mechanism to investigate alleged violations of obligations arising from the provisions of the Convention, including the alleged use of biological weapons. Article VI of the Convention specifies that a decision on initiating an investigation may be taken by the United Nations Security Council on the basis of a complaint lodged by a State Party to the BTWC. Should such a situation occur, the United Nations Security Council will have to act as appropriate in a challenging environment characterized by time constraints and, quite possibly, under pressure from other complicated problems.

5. The lessons learned convincingly demonstrate the importance of ensuring the availability of a fully-fledged apparatus staffed with skilled, experienced and duly equipped personnel.

6. The availability of a ready-to-use operational capability under the BTWC to ensure rapid response when investigating the alleged use of biological weapons and promptly deliver assistance would serve as an additional deterrent against the threat of use of biological agents as weapons.

7. Given the widely acknowledged need to strengthen the BTWC, we suggest establishing an international institutional mechanism under the BTWC – Mobile Biomedical Units (MBMUs) – to help unlock the potential of the Convention in the following three areas:

- Developing international cooperation to prevent communicable diseases pursuant to Article X;
- Providing assistance and ensuring protection against biological weapons pursuant to Article VII;
- Investigating cases of alleged violations of obligations arising from the provisions of the Convention, including alleged use of biological weapons, pursuant to Article VI.

8. The proposed concept integrates these elements, as their joint implementation can ensure useful synergies and efficient use of limited resources.

9. In routine everyday activities, this rapid-response capability would be utilized within the BTWC format to take forward the implementation of Article X in order to assist interested States Parties, upon request, in preventing and mitigating naturally occurring epidemics.¹

10. The new COVID-19 pandemic has highlighted the urgent necessity for and effectiveness of mobile laboratories in sanitary-epidemiological emergency situations. Such well-equipped units had started laboratory diagnosis of COVID-19 from the very first days of the pandemic, even before the full-scale deployment of national fixed laboratory networks began.

11. Should an Article VII situation occur, the same capability would be deployed within the BTWC as a rapid response tool to deliver protection against biological weapons that is expected to be supported by other types of assistance which States Parties would offer to the affected state upon request if the United Nations Security Council so decides.

12. The operational capability established under BTWC Article VI would be made available to the United Nations Security Council pursuant to the procedure provided for in a

¹ Depending on the evaluation of the concept's future operationalization and performance and interest on the part of States Parties, similarly structured units can be established later on under the BTWC to handle veterinary and phytosanitary situations.

relationship agreement to be concluded between the duly authorized representatives of both parties.

13. The Russian Federation is of the view that the introduction of mobile biomedical units operating as part of a future international structure that would be created to strengthen the implementation of the Convention would greatly contribute to implementing the above-mentioned three tasks.

14. Until such an international structure is established, we believe it appropriate to build on the available national capacities of the BTWC States Parties. Expertise on mobile laboratories is available in many countries of the world and is used both to ensure their own national biological security and to provide assistance abroad. This concept for the use of MBMUs benefits greatly from applying lessons learned from the many decades of conducting anti-epidemic programmes in the Russian Federation, including within the framework of international cooperation.

15. MBMUs can be created within specialized national public health institutions with a sufficient resource base and trained personnel to effectively address biological emergencies.

16. MBMUs would include national mobile laboratories and professionals in the field. MBMUs, mobile laboratories and professionals constituting their staff are entered into an integrated Registry within the BTWC by the Implementation Support Unit (ISU) based on proposals from the BTWC States Parties.

17. Mobile laboratories within MBMUs should be accredited in the national testing laboratories accreditation system and have the necessary permits for work with pathogenic biological agents.

18. MBMUs usually comprise three branches:

- Epidemiology team: analysis and forecasting of the epidemiological situation in the deployment area, sanitary and epidemiological surveillance and sampling planning, preventive and anti-epidemic action;
- Laboratory service: diagnostic tests (24/7 if necessary) using PCR, sequencing, IFA, FAT, bacteriological analysis and other methods. Work stage organization and assignment in laboratory modules are determined depending on the tasks set;
- Engineering service: preparing mobile laboratories to be deployed to the emergency area, ensuring the operation of engineering and technical laboratory life support systems.

19. MBMU staff may include epidemiologists, parasitologists, bacteriologists, virologists, microbiologists, engineering and technical personnel. If necessary, MBMUs may also engage other field experts to address the necessary tasks. Professionals from other states can be engaged as members of national MBMUs.

20. MBMUs may be engaged:

- Under Articles VI and VII, based on a United Nations Security Council decision;
- Under Article X by means of a request through the International Assistance and Cooperation Database.

21. The Steering Group of limited membership (SG) would coordinate operational activities of MBMUs, while the Committee would coordinate its strategic activities. In their work, MBMUs are guided by existing national and international regulatory and methodological documents.

22. The work of the Committee and the SG would be guided by the principle of consensus.

23. The Committee includes all States Parties to the BTWC.

24. The SG is formed of representatives of national MBMU donor states (mobile laboratories and professionals) by the Committee at its meeting. The meeting also approves

the MBMU Fund, which is created on a proportional scale from the assessed contributions made by all States Parties to the BTWC, as well as from voluntary contributions.

25. The SG elects a Chairperson from among its members. The Chairperson of the SG keeps it informed and convenes it, including on emergency.

26. The SG decides on engaging MBMUs listed in the Registry, in particular regarding the number and national affiliation of MBMUs, and coordinates their operations. The SG chairperson keeps the Committee and heads of national structures of MBMU donor states responsible for MBMU use updated on decisions taken. The SG reviews and approves after-action reports by heads of MBMUs. If consensus is not reached within the SG on MBMU functioning, the issue (report) is submitted to the Committee for consideration.

27. In carrying out its functions, an MBMU may interact with similar rapid response capabilities of other international organizations or instruments.

28. Engaged MBMUs report directly to the head of the national system of sanitary and epidemiologic supervision of the MBMU donor state in question.

29. The head of the MBMU interacts on organizational matters with the relevant agency of the country that has commissioned the MBMU for field work, as well as representatives of international organizations, local authorities in the host country; coordinates laboratory test material delivery, prepares after-action reports, ensures the safety of the personnel and equipment of the team and adherence to the rules of safe conduct in the host country, monitors compliance with biological safety requirements when working with pathogenic biological agents, and supervises the registration of research results in the form of protocols and reports.

30. The functioning of MBMUs in the host country is carried out in coordination with its line agencies. MBMUs can be deployed either within the facilities available in the host country (scientific centre or healthcare institution, temporary treatment centre, etc.) or independently.

31. Main areas in which MBMUs interact with the host country include:

- Organizing redeployment, initial deployment and accommodation of personnel;
- Temporary integration into domestic activities of the host country to implement anti-epidemic measures (determination of the final deployment location for the mobile unit, integration into the emergency response command unit (committee) or its equivalent, seeking permission to work independently);
- Sample receipt and results delivery (agreeing upon the modalities and schedule for material transportation and the format of protocols containing test results with line agencies of the host country, as well as with WHO and other international organizations, as appropriate);
- Information exchange on epidemiological data collection and analysis with line agencies of the host country and with international organizations involved, as appropriate.

32. Maintenance of mobile laboratories forming part of MBMUs is ensured through national financing mechanisms of the state or agency under which they have been created (e.g. budget of an organization/agency, state programs, etc.). Expenses related to MBMUs' travel (flights) to and work in the territory of a host state is covered by the MBMU Fund.

33. MBMU personnel regularly undergo appropriate training (retraining) to be able to work in emergency situations. In order to improve preparedness and operational coherence of MBMUs, practical exercises led by the SG are conducted on a regular basis.

34. In the framework of the implementation of this initiative, the Russian Federation will make its specialized anti-epidemic teams available as a national contribution to the activities of MBMUs proposed to be established under the BTWC.

35. The Russian Federation's specialized anti-epidemic teams (SPEBs) served as a model for conceptualizing this proposal. Being an integral part of national anti-plague system since

1963, they have acquired considerable experience in monitoring, evaluation and response in various conditions and situations, including emergencies.

36. SPEB operations are characterized by high mobility, self-sufficiency, multipurpose functionality, employment of high-tech equipment, observance of biosafety norms, modular deployment approach, and multidisciplinary training of their personnel.

37. The main areas of SPEB activities include:

- (a) Containing and eliminating epidemic outbreaks of especially dangerous infectious diseases;
- (b) Laboratory diagnosis of dangerous infectious diseases and microbiological control of the environment;
- (c) Temporary staff reinforcement (substitution) during crisis of public health structures in emergencies;
- (d) Ensuring sanitary and epidemiological well-being in the preparation for and during mass events, including those with international participation.

38. The Russian Federation developed and put into use a methodology for employing SPEBs to respond to public health emergencies. Depending on the nature of a given situation, it allows to selectively deploy personnel and supporting laboratory modules. The Russian Federation's anti-plague institutions have facilities to train personnel, including foreign professionals, for public health work in emergency situations.

39. Since SPEBs were created in 1963, they have been used for mitigation of over 160 public health emergencies both in the country and abroad. SPEBs have proved useful and efficient abroad in the fight against Ebola in 2014-2015, having provided training in epidemic management to more than 100 local health workers in Guinea. Over the recent years, they have contributed to ensuring biosafety at major international events hosted by the Russian Federation, such as the 2013 Summer Universiade in Kazan; the 2014 Winter Olympics in Sochi; the 2015 SCO and BRICS summits in Ufa; the 2015 FINA World Championships in Kazan; the 2017 World Festival of Youth and Students in Sochi; the 2017 FIFA Confederations Cup in Moscow, Saint Petersburg, Kazan and Sochi; the 2018 FIFA World Cup in 11 Russian cities; the 2019 World Winter Universiade in Krasnoyarsk; and the 2019 Russia – Africa Summit in Sochi; as well as during the special mission of the WHO Global Outbreak Alert and Response Network (GOARN) in Tajikistan in 2020 and a rescue mission by the Russian Ministry of Emergency Situations following the 2020 catastrophe in Beirut; a scientific mission to South Africa to study the clinical and epidemiological characteristics of the Omicron genetic variant of the new coronavirus infection in 2021; the investigation of an outbreak of acute intestinal infections and strengthening the capacity of epidemiological and laboratory service in the Republic of Congo in 2023; and the organizing of the BRICS Games international multi-sports event with the participation of athletes from other countries in Kazan and Moscow in 2024.

40. In general, mobile laboratories can be used to provide training and professional skills development for epidemiologists and virologists on field work and ensure national biological safety during major mass events, as well as can be put to use in international exercises and testing of algorithms for joint response to infectious threats.

41. Promoting the concept of creation and use of MBMUs represents a new paradigm for improving the implementation of the BTWC at the international level. Based on the available record of their deployment, it is safe to say that creating such a capability under the BTWC and its subsequent funding through a future programme and budget process based on an approved scale of assessments would have very modest financial implications for all States Parties, being a good cost-effective investment in achieving the goals of the Convention.

42. This proposal integrates the Convention's basic principles of collective security and promotion of international co-operation for peaceful purposes. Such a convergence would help lay an institutional basis for strengthening the BTWC in a number of important areas. It would revitalize the Convention by ensuring its relevance for the future as well as continued responsiveness to the interests and needs of all States Parties.
